



## DATA COLLECTION FORM

Examiner MUST complete the data collection form and return to the STEP 1 envelope found in the kit.  
Do NOT attach any patient identifying information to the Data Collection Form.  
If this kit is a "Non-Report" to law enforcement, fold and tape the form to the outside of the kit.

Hospital CIVILLI-MONSON MEMORIAL HOSPITAL  
Date 10-16-2016 County MINGO

WVSP6799

### 1. TIME FRAME

Time patient arrived 09:04 AM Time patient discharged \_\_\_\_\_  
Date of assault 10-16-2016 Time of assault 03:00 AM Time since assault 6 hr.  
County/State where patient resides MINGO - WVa  
County/State where assault occurred MINGO - WVa

### 2. PATIENT DATA

Gender of patient  Female  Male Age of patient 16  
Gender of assailant  Male  Female Age of assailant (if known) \_\_\_\_\_  
Assailant's Relationship to Patient  Relative  Known/Non-relative  Stranger

### 3. MEDICAL FORENSIC EXAMINATION

Exam performed?  Yes  No If no, why?  Patient declined  Examiner deferred  
 Patient left  Other Please explain \_\_\_\_\_  
Kit collected?  Yes  No If no, why? \_\_\_\_\_

### 4. LAW ENFORCEMENT

Law enforcement notified?  Yes  No LE responded?  Yes  No  
Kit released to law enforcement?  Yes  No Date released \_\_\_\_\_  
If no, is this a non-report?  Yes  No (Kits that are non-reports are shipped to Marshall University Forensic Science Center (MUFSC).)

### 5. ADVOCACY

Advocate notified?  Yes  No Advocate responded?  Yes  No  
Advocate services accepted by patient  Yes  No  
If no, why? \_\_\_\_\_  
CPS/APS notified?  Yes  No CPS/APS responded?  Yes  No

### 6. ASSAULT INFORMATION

Type of assault: Attempted sexual assault?  Yes  No  
If no, what prevented the sexual assault? prestress friend opened Bed Room door  
& came in Room  
Oral penetration?  Yes  No  
Vaginal penetration?  Penile  Digital  Other \_\_\_\_\_  
Anal penetration?  Penile  Digital  Other \_\_\_\_\_  
Condom used?  Yes  No  Unsure  
Weapons used?  Yes  No If Yes,  Gun  Knife  Blunt Object  
 Yes  No If Yes,  Verbal Threats  Grabbing  Pinching  Strangulation  
Any coercion used?  Physical Blows  Burns  
 Other: \_\_\_\_\_  
Physical Injuries?  Yes  No Medical treatment received for injuries?  Yes  No

### 7. STIs/EMERGENCY CONTRACEPTION (EC)

Prophylactic treatment offered?  Yes  No If no, why? \_\_\_\_\_  
Patient accepted prophylactic treatment  Yes  No \_\_\_\_\_  
What kind of EC offered?  Oral  Plan B Other \_\_\_\_\_  
Was EC Administered on site?  Yes  No If no: Prescription only?  Yes  No  
Tested for STIs?  Yes  No  
Treated for STIs?  Yes  No

### 8. DRUG FACILITATED SEXUAL ASSAULT

Suspected drug facilitated sexual assault (DFSA)?  Yes  No  
If yes, what drug is suspected? UNKNOWN from Wk  
Loss of memory?  Yes  No  Unsure Lapse of consciousness?  Yes  No  Unsure  
If yes, describe \_\_\_\_\_

Examiner is a:  Physician  Sane  Physician Assistant  Advanced Practice Nurse  Other \_\_\_\_\_  
If a SANE:  Adult/Adolescent Trained  Pediatric Trained # of years of experience as a SANE \_\_\_\_\_